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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization | | | | | | Employer identification number | | | |
|--------------------------|---|--|--|--------------------------------------|--------------------------------------|--|---|--|--|
| <u>La Co</u> | operativa Campesina de California | | 68-0322982 | | | | | | |
| Par | | | | | | | ns. | | |
| 1 | rganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 2 3 | | | | | | | | | |
| 4 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | |
| _ | hospital's name, city, and state | | | | | | | | |
| 5 | An organization operated for t section 170(b)(1)(A)(iv). (Comp | plete Part II.) | | | | | al unit described in | | |
| 6 7 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 9 | An organization that normally receipts from activities related support from gross investme acquired by the organization at | d to its exempt int income and fter June 30, 197 | functions—subject to unrelated business t 75. See section 509(a | certain taxable ii i)(2). (Cor | exception ncome (l nplete Pa | ns, and (2) no more ess section 511 ta art III.) | than 331/3% of its | | |
| 10 | An organization organized and | | | | | | | | |
| 11 | An organization organized and one or more publicly supported the box in lines 11a through 11a | d organizations d | escribed in section 50 | 09(a)(1) o | r section | 509(a)(2). See secti | i on 509(a)(3). Check | | |
| а | ☐ Type I. A supporting organiz the supported organization(s organization You must com |) the power to re | egularly appoint or ele | led by its ct a majo | supporterity of the | ed organization(s), ty e directors or trustee | rpically by giving as of the supporting | | |
| b | | | | | | | | | |
| С | ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. | | | | | | | | |
| d | ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. | | | | | | | | |
| е | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. | | | | | | | | |
| f | Enter the number of supported of | = | | | | | | | |
| g | | T | | | | 1 | | | |
| | (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | listed in you | rganization ur governing ment? | | (vi) Amount of other support (see instructions) | | |
| | | | | Yes No | | | | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | | | | | | | | | |



Schedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

| | Part III. If the organization falls to | quality unde | r the tests iis | tea below, pi | ease comple | te Part III.) | |
|-------------|---|---|-----------------------------------|--------------------|------------------------------------|-----------------|---------------------------|
| | on A. Public Support | | | | | · | |
| | ıdar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,988,949 | 4,362,925 | 4,456,886 | 13,445,414 | 8,473,602 | 34,727,776 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,988,949 | 4,362,925 | 4,456,886 | 13,445,414 | 8,473,602 | 34,727,776 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | · |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 34,727,776 |
| Secti | on B. Total Support | · | | | | | 34,727,776 |
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 3,988,949 | 4,362,925 | 4,456,886 | 13,445,414 | 8,473,602 | 34,727,776 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 404 | 351 | 181 | 29,340 | 89,707 | 119,983 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 34,847,759 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | 34.847.759 |
| 13 | First five years. If the Form 990 is for the | e organization' | 's first, second | d, third, fourth, | or fifth tax ye | ar as a section | n 501(c)(3) |
| | organization, check this box and stop her | e | | <u> </u> | <u></u> | <u> </u> | _ · · ▶ 🗀 |
| | on C. Computation of Public Support | <u>t Percentage</u> |) | | | | |
| 14 | Public support percentage for 2015 (line 6 | | | | [| 14 | 100 % |
| 15 | Public support percentage from 2014 Sch | edule A, Part II | l, line 14 | | | _15 | 100 % |
| 108 | 331/3% support test—2015. If the organiz box and stop here. The organization quali | ation did not c | neck the box of | on line 13, and | line 14 is 331/ | 3% or more, ch | _ |
| h | | | | | 40 | | |
| b | 331/3% support test—2014. If the organic check this box and stop here. The organization | zation qualifies | check a box | on line 13 or | iba, and line | 15 15 33 1/3% (| · — |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization | 1 15. If the orgarets the "facts-a | nizatıon did no .nd-circumstan | t check a box | on line 13, 16a ck this box and | d stop here. E | xplain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization | on meets the eets the facts | "facts-and-circ | cumstances" t | est, check thi | s box and sto | and line p here. publicly |
| 18 | Private foundation. If the organization did instructions | | | 16a, 16b, 17a, | or 17b, check | this box and s | · P 📙 |

| Schedule A (Form 990 or 990-EZ) 2015 | | | | |
|--------------------------------------|--|--|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | |
| Part II Line | 11 Interest earned on unrestricted funds \$1,073, Member Dues \$118,910 5 year total \$119,983 | | | |
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